

Revision: HCFA-AT-78-69 (MMB)  
July 24, 1978

Corrected  
Attachment 3.1-A  
Page 1a-6.3

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

4.b. EPSDT  
(12) (continued)

4. **Comprehensive Unclothed Physical Examination.** Includes the following:
  - a. **Physical Growth.** Record and compare height and weight with those considered normal for that age. Record head circumference for children under one year of age. Report height and weight over time on a graphic recording sheet.
  - b. **Unclothed Physical Inspection.** Check the general appearance of the child to determine overall health status and detect obvious physical defects. Physical inspection includes an examination of all organ systems such as pulmonary, cardiac, and gastrointestinal.
5. **Appropriate Immunizations.** Assess whether the child has received age appropriate immunizations according to the ACIP schedule. Immunizations must be provided when medically necessary and appropriate. Immunizations can be provided at the time of the screening when appropriate. Separate payment will be made for immunizations which are given at the time of the screening.

**Appropriate Laboratory Tests.** The periodicity schedule is the primary determinant of when laboratory tests are to be performed. Use medical judgement in determining the applicability of the laboratory tests or analyses to be performed. If any laboratory tests or analyses are medically contraindicated at the time of the screening, provide them when no longer medically contraindicated. As appropriate, conduct the following laboratory tests:

- a. **Lead Toxicity Screening** Screening is required for all Medicaid eligible children at 12 and 24 months of age. Screening is also required for any Medicaid eligible child 36 to 72 months of age who has not previously been screened for lead poisoning. Any additional lead toxicity screening will continue to be covered based on a provider's medical judgement.

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STATE <u>Oklahoma</u>	
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4.b. EPSDT  
(12) (continued)

- b. **Anemia Test.**
- c. **Sickle Cell Test.** If a child has been properly tested once for sickle cell disease, the test need not be repeated.
- d. **Tuberculin Test.** Give a tuberculin test to every child who has not received one within a year.
- e. **Other.** In addition to these tests, there are several other tests to consider. Appropriateness is determined by an individual's age, sex, health history, clinical symptoms and exposure to disease. These may include a urine screening, pinworm slide, urine culture (for girls), serological test, drug dependency screening, stool specimen for parasites, ova, blood and HIV screening.

7. **Health Education.** Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and dental assessment, or screening, gives the initial context for providing health education. Health education and counseling to both parents, guardians or children is required. It is designed to assist in understanding expectations of the child's development and provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.

8. **Vision and Hearing Screens.** Vision and hearing services are subject to their own periodicity schedules. However, age appropriate vision and hearing assessments must be performed as a part of the screening.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

4.b. EPSDT  
(12) (continued)

9. **Dental Screening Services.** An oral dental examination may be included in the screening and as a part of the nutritional status assessment. Federal regulations require a direct dental referral for every child in accordance with the periodicity schedule and at other intervals as medically necessary. Therefore, when an oral examination is done at the time of the screening, the child may be referred directly to a dentist for further screening and/or treatment.
10. **Diagnosis and Treatment.** When a screening indicates the need for further evaluation of an individual's health, a referral for diagnostic services are defined as those services necessary to fully evaluate defects, physical or mental illnesses or conditions discovered by a screening. A screening includes any encounter with a medical professional.

Health care, treatment, or other measures medically necessary to correct or ameliorate defects, physical or mental illnesses or conditions must also be provided and will be covered by the EPSDT Program. The defects, illnesses and conditions must have been discovered during a screening.

Services deemed medically necessary and allowable under Federal Medicaid regulations, are covered by the EPSDT Program even though those services may not be part of the Oklahoma Medicaid program. However, such services must be prior authorized and must be allowable under Federal Medicaid regulations.

Federal Medicaid regulations also require the state to make the determination as to whether the service is medically necessary and do not require the provision of any items or services that the state determines are not safe and effective or which are considered experimental.

- B. **Dental Screening Examination:** Examination for dental disease by an Oklahoma licensed dentist. This will include two exams, two prophylaxis and two fluoride treatments, per 12 month period, providing there have been at least 182 days between exams, and charting of needed treatment and, if necessary, x-rays (including two bite wing films).

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STATE <u>Oklahoma</u>	
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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

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4.b. EPSDT  
(12) (continued)

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State OKLAHOMA

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CATEGORICALLY NEEDY

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4.b. EPSDT  
(12) (continued)

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**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

4.b. EPSDT  
(12) (continued)

1. Dental Sealants: Professional application of dental sealants when appropriate to prevent pit and fissure caries. (All teeth must be caries free on all surfaces and materials must be A.D.A. certified.)
2. Prior Authorization: All dental services beyond the plan limitations which are medically necessary are provided through prior authorization with the Medical Authorization Unit.
- C. Dental Encounter: At a minimum, dental encounter includes relief of pain and infection; restoration of teeth and maintenance of dental health; and/or oral prophylaxis two each 12 months. Dental care includes emergency and preventive services and therapeutic services for dental disease which, if left untreated, may become acute dental problems or may cause irreversible damage to the teeth or supporting structures. Other dental services include inpatient services in an eligible participating hospital, amalgam and composite restorations, pulpotomies, chrome steel crowns, anterior root canals, pulpectomies, band and loop space maintainers, cement bases, acrylic flippers and lingual arch bars, pulp caps, sedative treatment; other restoration, repair and/or replacement of dental defects after the treatment plan submitted by a dentist has been authorized.

Child Health Encounter: May include a diagnosis and treatment encounter, a follow-up health encounter, or a home visit. A Child Health Encounter may include a child health history, physical examination, developmental assessment, nutrition assessment and counseling, social assessment and counseling, genetic evaluation and counseling, indicated laboratory and screening tests, screening for appropriate immunizations, health counseling and treatment of childhood illness and conditions.

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4.b. EPSDT  
(12) (continued)

- E. Child Health Diagnosis Encounter: Consists of the following procedures: (1) diagnosis interview which reviews the relevant developmental, medical, genetic and psychosocial history (2) clinical observations and standardized assessment procedures regarding the client's overall development including emotional, speech, language, or hearing abilities; (3) feedback regarding evaluation results which is provided to appropriate family and/or collaterals; and (4) development of a treatment plan.
- F. Child Guidance Treatment Encounter: May occur through the provision of individual, family, or group treatment services to children who are identified as having specific disorders or delays in development, emotional, or behavioral problems, or disorders of speech, language or hearing. These guidance treatment encounters are provided directly to the child and billed as such. Family or group treatment services are for the specific benefit of the child in assisting the family in interaction with the child or assisting the child in group settings or in group interactions. Group or family services would be provided for the child when identified as medically necessary in an individual treatment plan developed from a diagnosis encounter. These types of encounters are initiated following the completion of a diagnostic encounter and subsequent development of a treatment plan.
- G. Immunization: All appropriate immunizations given in connection with a Child Health Screening Examination or Child Health Encounter.
- H. Multidisciplinary Review: Multidisciplinary review of the treatment plan to determine if services should be continued, modified or terminated.

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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED**

**CATEGORICALLY NEEDY**

4.b. EPSDT  
(12) (continued)

Hearing Evaluation: Hearing evaluation includes pure tone air, bone and speech audiometry provided by a State licensed and \* certified speech pathologist or audiologist.

Audiometry Test: Audiometric test (Immittance [Impedance] audiometry or tympanometry) includes bilateral assessment of middle ear status and reflex studies (when appropriate) provided by a State licensed and \* certified speech pathologist or audiologist.

Ear Impression (for earmold): Ear impression (for earmold) includes taking impression of a client's ear and providing a finished earmold which is used with the client's hearing aid provided by a State licensed and \* certified speech pathologist or audiologist.

- \*(1) Certificate of clinical competence from the American Speech and Hearing Association (ASHA); or (2) has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

<u>SERVICE</u>	<u>UNIT</u>	<u>LIMITATION</u>
Child Health Screening	Completed Comprehensive Screening	See Description
Dental Screening	Completed Comprehensive Screening	See Description
Child Health Encounter	Day of Service	No more than one per day
Dental Encounter	Day of Service	No more than one per day
Child Health Diagnostic Encounter	Completed Assessment and Treatment Plan	No more than two each 12 months

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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

4. b. EPSDT  
(12) (continued)

Child Guidance		96 units each
Treatment Encounter		12 months
(Individual)	30 minutes	3 units per day
(Group)	30 minutes	160 units each
		12 months
		5 recipients per group

Immunization	Needed Immunizations	Administration only
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Multidisciplinary Review	1 Review	No more that 4 each 12 months
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Dental Sealants	Per tooth	See description
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Hearing Evaluation	Completed Evaluation	Not more than 4 per year unless medically necessary
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Audiometric Test (Impedance)	Completed Test (both ears)	Not more than 4 per year unless medically necessary
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Ear Impression Mold	2 Molds (1 per ear)	Not more than 4 per year unless medically necessary
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Additional services above the plan limitation may be provided when medically necessary and preauthorized.

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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

AGE <sup>2</sup>	INFANCY						EARLY CHILDHOOD					LATE CHILDHOOD					ADOLESCENCE <sup>1</sup>			
	By 1 mo.	2 mos.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	24 mos.	3 yrs.	4 yrs.	5 yrs.	6 yrs.	8 yrs.	10 yrs.	12 yrs.	14 yrs.	16 yrs.	18 yrs.	20 yrs.
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•														
Blood Pressure										•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING Vision	s	s	s	s	s	s	s	s	s	s	o	o	o	o	s	o	o	s	o	o
Hearing	s	s	s	s	s	s	s	s	s	s	o	o	s <sup>3</sup>	s <sup>3</sup>	s <sup>3</sup>	o	s	s	o	s
DEVELOPMENT/BEHAVIORAL <sup>4</sup> ASSESSMENT	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION <sup>5</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES <sup>6</sup> Hereditary/Metabolic <sup>7</sup> Screening	•																			
Immunization <sup>8</sup>		•	•	•			•	•	•			•					•			
Tuberculin Test <sup>9</sup>						•			•										•	
Hematocrit or Hemoglobin <sup>10</sup>					•				•					•					•	
Urinalysis <sup>11</sup>				•					•					•					•	
ANTICIPATORY <sup>12</sup> GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
INITIAL DENTAL <sup>13</sup> Referral											•									

Key: • - to be performed; s - Subjective, by history;  
o - objective, by a standard testing method.

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